

Please type a plus sign (+) inside this box → Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.63)

- Declaration Submitted **OR** Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	717901.
First Named Inventor	
COMPLETE IF KNOWN	
Application Number	Unknown
Filing Date	Herewith
Group Art Unit	Unknown
Examiner Name	Unknown

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:
"Playing Surface Substrate, in particular Turf Mats"

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YY)

06/02/2000

as United States Application Number or PCT International
(if applicable).

Application Number

PCT/GB00/02134

and was amended on (MM/DD/YY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
PCT/GB00/02134	PCT	06/02/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9912909.0	GB	06/04/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0012882.7	GB	05/30/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Assistant Commissioner for Patents, Box Design, Washington, DC 20231.

Please type a plus sign (+) inside this box



PTO/SB/18 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION • Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label

27128

OR Correspondence address below

Name Kevin M. Kercher

Address Blackwell Sanders Peper Martin LLP

Address 720 Olive Street, Suite 2400

City St. Louis

State Missouri

ZIP 63101

Country US

Telephone 314-345-6000

Fax 314-345-6060

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

A petition has been filed for this unsigned inventor

Given Name John Granville
(first and middle [if any])

Family Name
Or Surname Burns

Inventor's
Signature

Date 20 Nov 2001

Residence: City Turriff

Aberdeenshire
State

United
Kingdom
Country

British
Citizenship

Mailing Address

Mailing Address The Old School, Forglen

City Turriff

State Aberdeenshire

AB53 4JJ
ZIP

United Kingdom
Country

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Family Name
Or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box



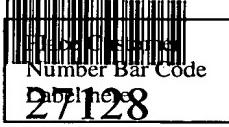
Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	Unknown
Filing Date	Herewith
First Named Inventor	
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	717901.

I hereby appoint:																															
<input checked="" type="checkbox"/> Practitioners at Customer Number 27128 → 																															
OR <input type="checkbox"/> Practitioner(s) named below:																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Name</th> <th style="text-align: left; padding: 2px;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table>		Name	Registration Number																												
Name	Registration Number																														
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.																															
Please change the correspondence address for the above-identified application to:																															
<input type="checkbox"/> The above-mentioned Customer Number.																															
OR																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Firm or Individual Name</td> <td colspan="4" style="padding: 2px;">Kevin M. Kercher Blackwell Sanders Peper Martin LLP</td> </tr> <tr> <td style="width: 30%; padding: 2px;">Address</td> <td colspan="4" style="padding: 2px;">720 Olive Street, 24th Floor</td> </tr> <tr> <td style="width: 30%; padding: 2px;">Address</td> <td colspan="4" style="padding: 2px;"></td> </tr> <tr> <td style="width: 30%; padding: 2px;">City</td> <td style="width: 15%; padding: 2px;">St. Louis</td> <td style="width: 15%; padding: 2px;">State</td> <td style="width: 15%; padding: 2px;">MO</td> <td style="width: 15%; padding: 2px;">Zip</td> </tr> <tr> <td style="width: 30%; padding: 2px;">Country</td> <td colspan="4" style="padding: 2px;">United States</td> </tr> <tr> <td style="width: 30%; padding: 2px;">Telephone</td> <td style="width: 15%; padding: 2px;">314-345-6000</td> <td style="width: 15%; padding: 2px;">Fax</td> <td colspan="2" style="width: 30%; padding: 2px;">314-345-6060</td> </tr> </table>		<input type="checkbox"/> Firm or Individual Name	Kevin M. Kercher Blackwell Sanders Peper Martin LLP				Address	720 Olive Street, 24th Floor				Address					City	St. Louis	State	MO	Zip	Country	United States				Telephone	314-345-6000	Fax	314-345-6060	
<input type="checkbox"/> Firm or Individual Name	Kevin M. Kercher Blackwell Sanders Peper Martin LLP																														
Address	720 Olive Street, 24th Floor																														
Address																															
City	St. Louis	State	MO	Zip																											
Country	United States																														
Telephone	314-345-6000	Fax	314-345-6060																												
I am the:																															
<input type="checkbox"/> Applicant/Inventor.																															
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.7.1. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).																															
SIGNATURE of Applicant or Assignee of Record																															
Name	John Granville BURNS																														
Signature																															
Date	16 . NOV 2001																														
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.																															
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.																															

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231
 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231